

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10718131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2		1					52								
3		2					53								
4		1					54								
5		2					55								
6		1					56								
7		2					57								
8		1					58								
9		1					59								
10	1						60								
11		1					61								
12		2					62								
13		1					63								
14		2					64								
15		1					65								
16		2					66								
17		1					67								
18		1					68								
19	1						69								
20		1					70								
21		2					71								
22		1					72								
23		2					73								
24		1					74								
25		2					75								
26		1					76								
27		1					77								
28	1						78								
29		1					79								
30		1					80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	35						TOTAL DEP.								
TOTAL CLAIMS	39						TOTAL CLAIMS								